

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J16879**

1. Entity Name  
W.P.C. INDUSTRIAL CONTRACTORS, INC.



Principal Place of Business  
11651 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256-1641

Mailing Address  
11651 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32256-1641



03102006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2677402	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**5. Name and Address of Current Registered Agent**

BELLOIT, JONATHAN  
11651 PHILLIPS HWY  
JACKSONVILLE, FL 32256

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BELLOIT, JONATHAN
STREET ADDRESS	11651 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	VP
NAME	STARR, PHILLIP
STREET ADDRESS	11651 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	ST
NAME	GREENE, ROBERT E.
STREET ADDRESS	11651 PHILLIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80034-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Belloit 3/9/06 90/2680099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #